PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Complete if Known Complete if Known

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/813,324-Conf. #5837			, 	
FEE TRANSMITTAL				Application Number 10/813,324-C Filing Date March 29, 200				
1						Heidi A. TISSENBAUM		
For FY 2008				Examiner Name D. E. Kolker		.INDAOW		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1649				
TOTAL AMOUNT OF PAYMENT (\$) 780.00			Attorney Docket No. UMY-035		JMY-035			
The state of the s								
METHOD OF PAYMEN	T (check all	that apply)			<u>-</u> .			
Check Credit Card Money Order Other (please identify):								
X Deposit Account Depo	sit Account Nun	nber: 12-0	080	Deposit A	Account Name:	Lahive &	Cockfield	d, LLP
For the above-ident	ified deposit	account, the Di	rector is	hereby authorize	d to: (checi	k all that apply)		
x Charge fee(s)	indicated b	elow		Charge	e fee(s) ind	icated below, ex	cept for t	he filing fee
Charge any action fee(s) under 3		(s) or underpayr and 1.17	ments of	x Credit	any overpa	yments		
FEE CALCULATION			-			-		
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEE	S		- :			_
	FILI	NG FEES	SEA	ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105	1000	· u.u (ψ)
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		-
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includ	-	-					50	25
Each independent claim over	er 3 (includ	ing Reissues)					210	105
Multiple dependent claims		- 46					370	185
Total Claims Extra	Claims	Fee (\$)	ree i	Paid (\$) Multiple Depen Fee (\$)				
HP = highest number of total clai	ims paid for, if	= greater than 20.			<u>rei</u>	<u>a (a)</u>	ee Paid (2 1
_	Claims	Fee (\$)	Fee F	Paid (\$)				_
.=	х .							
HP = highest number of indepen	dent claims pa	id for, if greater than	n 3.					
3. APPLICATION SIZE FEE								
If the specification and dra listings under 37 CFR	awings exce	ed 100 sheets o	f paper	(excluding electrons	onically file	ed sequence or	computer	
sheets or fraction there	of. See 35	: application siz	G) and	37 CFR 1.16(s).	or sman en	mity) for each ac	iditional 5	o l
	xtra Sheets			dditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
100 = /50 = (round up to a whole number) x =								
Non-English Specificati	on, \$130 f	ee (no small ent	ity disc	ount)			_	
Other (e.g., late filing surcharge): 2253 Extension for response within third month							525.00	
2401 Notice of appeal 255.00								
SUBMITTED BY		<u> </u>		Registration No.				
Signature ///	7- 1			(Attorney/Agent)	43,270	Telephone	(617) 99	94-0761
Name (Print/Type) Megan E	Williams				. <u>.</u>	Date	February	7, 2008

PTO/SB/21 (01-08)

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TRANSMITTAL	Filing Date

Application Number 10/813,324-Conf. #5837 March 29, 2004 First Named Inventor Heidi A. TISSENBAUM Art Unit 1649 **Examiner Name** D. E. Kolker

(to be used for all correspondence after initial filing)

FORM

Total Number of Pages in This Submission

Attorney Docket Number **UMY-035**

ENCLOSURES (Check all that apply)						
X Fee Transmittal Form		Drawing(s)	After Allowance Communication to TC			
Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment/Reply		Petition	X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
X Extension of Time Request		Terminal Disclaimer	X Other Enclosure(s) (please Identify below):			
Express Abandonment Request		Request for Refund	Return Receipt Postcard			
Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application		Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	Name LAHIVE & COCKFIELD, LLP					
Signature	My Eb					
Printed name	Megan E. Williams					
Date	February 7, 2008	Reg. No.	43,270			